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**REVOCATION OF POWER OF
ATTORNEY WITH
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| Application Number | 10/665,722 |
| Filing Date | 09/19/2003 |
| First Named Inventor | Victor Morozov |
| Art Unit | 1641 |
| Examiner Name | Jung, Unsu |
| Attorney Docket Number | GMU-08-013U |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 28598

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

28598

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Victor Morozov

Date

11/17/2007

Telephone

703-993-4294

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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SIGNATURE of Applicant or Assignee of Record

Signature

Tamara Morozova

Name

Tamara Morozova

Date

11/17/2007

Telephone

703 - 368 - 3405

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